



JFW

| | | |
|---|------------------------|--------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/660,807 |
| | Filing Date | September 11, 2003 |
| | First Named Inventor | Omaru, Atsuo |
| | Group Art Unit | 1745 |
| | Examiner Name | Melissa J. Austin |
| Total Number of Pages in This Submission | Attorney Docket Number | 09792909-5671 |

| ENCLOSURES (check all that apply) | | | | | | |
|---|---|-----|--|--|--|--------------------------|
| <input checked="" type="checkbox"/> Transmitted herewith is Amendment A in the above-identified application | | | | | | |
| <input type="checkbox"/> The fee has been calculated as shown below: | | | | | | |
| (1) FOR | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
| TOTAL CLAIMS | 8 | - | 10 | | <input type="checkbox"/> x \$25.00 <input type="checkbox"/> x \$50.00 | \$ |
| INDEPENDENT CLAIMS | 1 | - | 1 | | <input type="checkbox"/> x \$100.00 <input type="checkbox"/> x \$200.00 | \$ |
| | APPLICATION AMENDED TO CONTAIN ANY MULTIPLE DEPENDENT CLAIMS NOT PREVIOUSLY PAID FOR. | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> x \$180.00 <input type="checkbox"/> x \$360.00 ONE TIME | \$ |
| | TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$ |

☒ Applicant petitions the Commissioner for Patents to extend the time for responding to the Office Action dated November 8, 2004 by two month(s) for a fee of \$450.00 so that the period for response is extended to April 8, 2005 under 37 C.F.R. § 1.321.

☐ The amount of \$_____ for the Terminal Disclaimer under 37 C.F.R. § 1.321 is included in the enclosed credit card payment form to charge .

☐ The enclosed credit card payment form to charge the amount of \$_____ to cover the total claim fee and other applicable fees.

☒ The Commissioner is hereby authorized to charge the extension fee and any additional fees which may be required, or to credit any overpayment to Account No. 19-3140. A duplicate of this sheet is enclosed.

| | |
|--|--|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| 14. <input checked="" type="checkbox"/> Customer No. 26263 | <u><i>Christopher P. Rauch</i></u> |
| Dated: <u>April 8, 2005</u> | Christopher P. Rauch (Registration No. 45,034) |

| | |
|---|------------------------------------|
| CERTIFICATE OF MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below. | |
| Dated: <u>April 8, 2005</u> | <u><i>Christopher P. Rauch</i></u> |